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ABSTRACT

In a "direct" approach to psychotherapy, the therapist generally uses herself as a model and communicates her own values, thereby influencing the gender roles of her clients, particularly her female clients. In this approach, the therapist is seen as more authentic by the client, especially by clients from diverse cultural and social backgrounds. In a period of rapid social change, women are particularly vulnerable; the female therapist has a unique opportunity to affect a woman's feelings about herself. The bond that arises between client and therapist is experienced differently than that between mother and daughter, and does not have to be severed for the client to achieve autonomy and to consolidate psychological strengths and emerging independence. Female clients need a female therapist who can model the kind of woman she can become, competent and free of stereotyped "minority group" traits without having to play the role of superwoman. (Author/CS)

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A FEMINIST THEORY OF PSYCHOTHERAPY BASED ON AUTHENTICITY

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CLAIRE M. BRODY

A FEMINIST THEORY OF PSYCHOTHERAPY BASED ON AUTHENTICITY*

In response to the "Report of the APA Task Force on Sex Bias and Sex-Role Stereotyping in Psychotherapeutic Practice" (1975), I have been reviewing my thinking about how I communicate values and influence the gender roles of clients, especially women. In couple therapy, as well as in individual therapy with women who are mostly in their twenties and thirties, I have been defining a fairly direct approach. The women come to treatment with confusion or conflict about their gender identity and more often than not have made some tentative efforts to break out of stereotyped, sex-typed roles with negative consequences. One question to be explored is the degree to which feminity and/or adjustment as a woman is related to a developmentally acquired self image or to later social influences.

Elizabeth Williams, in Notes of a Feminist Therapist (1976) points out that by focusing attention on intrapsychic conflicts as the source of a woman's psychological distress, rather than on societal oppression and prejudice, most traditional therapists increase the woman's tendency to feel responsible for and therefore guilty about, her own pain...further inhibiting her ability to change. Nevertheless, I cannot help agree with Friedman (1980) that there is something in the separation and identification process between mothers and daughters that makes it difficult for a woman to achieve a sense of herself, and this can be a fruitful realm of exploration.

My own values about roles of women and men, both within marriage and in a variety of single life styles, are obviously the result of my accumulated familial

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attitudes and experiences. I assume that consciously or unconsciously they will be involved in the therapy I do. I try to keep aware of how and when my values can more effectively be interwoven with the therapy. I do this overtly while I also have developed a more sensitive "third ear" for gender stereotypes. Marilyn Johnson (1976) studying women in group therapy with a feminist orientation, and Rachel Hare-Mustin (1978) in feminist family therapy, also make a plea for better definition of how values are transmitted in treatment.

Where it is relevant for a particular client, I have no hesitation in using myself as a model, since I expect to be modeled. The more important thing is for me to remain open to differences in the ultimate model that a client chooses for herself. This is especially important in my own practice because I treat women of diverse cultural, social and class orientations. LoPiccolo and Herman (1977) have pointed out that the psychotherapist's view of personality is influenced and shaped by the dominant elements in his or her anxiety. There is always the danger, therefore, that culturally valued behavior may become synonymous with mental health at the expense of the client's individual needs. While this risk is acknowledged, I make new values sound possible without exploiting the clients and without assigning any immediate expectation for them.

What values do I want to convey to women - and to men? I value the complexity of my life - the fact that I can be competent at traditionally feminine, nurturing functions: cooking, handwork, child rearing but also productive, energetic, going after what I want in the same way men have done. I transmit these values implicitly and explicitly.

To understand women's lack of achievement, I find it more productive to analyze social, rather than physical or genetic variables; I believe that personality

reflects the expectations of real or imagined people in the client's life. Any number of research projects in the seventies have shown that women's behavior generally still conforms to sex-role expectations. When women fail to act in role-appropriate ways, they run the risk of disapproval and outright hostility from others. This is reinforced from childhood by rewards and punishments and further reinforced by experienced social values. Qualities like competetiveness, aggressiveness, assertiveness and competence are not unequally possessed by men by virtue of genetics, but come about in early socialization rituals and can be characteristics of both sexes in different situations: domestically or in the world of business (Darley, 1976). Martina Horner's (1972) formulation of motive to avoid success in women, namely that the motive is acquired early in life in conjunction with sex role standards and thus more common in women, is not equally important for all women but can be aroused when they are in more personally competetive situations. Condry and Dyer (1976) pointed out that if men are inclined to treat women badly when they show signs of competence in something other than homemaking, a large part of this is due to what they project in the way of expectations from their upbringing. If women accept such treatment without protest, even altering their actions to respond to it, then they are reacting on the basis of what they have come to expect. Thus sex-typed behavior is maintained.

A woman who chooses to combine a career and motherhood often confronts an ambiguous situation. Despite the fact that the male member of the couple appears to offer free choice to his spouse, it is seldom as clearcut as all that to the woman; it is easier to be found "good" in the traditional role, and a failure in occupational or professional achievement. The woman could, theoretically, compare her performance to relevant others - if they can be found. The woman therapist is often the first model that is authentic and available.

One of the more impactful studies recently reported is that of Pauline Clance and Suzanne Imes (1978) who describe the "imposter phenomeon": the woman who persists in believing she is not bright and thinks she has fooled everyone who thinks otherwise. They describe this phenomenon as self-perpetuating. The family expects her to be less and she keeps needing to prove this. The therapeutic relationship, where some semblance of equality is emphasized, may be the first life experience where she gets different feedback from a significant other: if she's lucky, from a therapist of the female gender.

I have continued to be impressed over the last few years of working with women who come to therapy because of problems in their marriage, with the relative impossibility of working through their needs for autonomy, status, and self-esteem, by only focusing on their difficulties. Time after time, a woman takes the first impressive step-decides to go back to school, get a job, take hold of the purse strings, start a bank account in her own name or, simply to state her needs or wants openly for the first time - only to arouse uncontainable anxiety or wrath in a spouse who had been secure in a different balance of power up to then, and the house of cards comes tumbling down. Not many women who have been (realistically) fearful of such a step up to this point have the courage or wherewithal to take a unilateral stand, even with the support of the therapist. In one couple with whom I have been working for about four years, the focus had been until recently on enabling the wife to relinquish her "mad housewife" role, become more independent. It was only as she came closer to achieving this limited goal that she could begin to consider walking away altogether from her characterologically chauvanistic husband. Her continuing depressive episodes are related to her frustration and rage at not being able to achieve the whole package with one step.

Ruth Moulton, writing about Clara Thompson (Strouse, 1974), says that Thompson was aware of how hard it is for women to free themseleves from old stereotypes and role expectations and she accepted their failure to do so without contempt. The woman therapist has to "help women disregard the backward pull exerted by parents, peers, husbands who may give lip service to a new freedom of choice for women but unwittingly add to their difficulties in achieving it." (Strouse, p. 284)

You may ask how I avoid the pitfalls of intruding my values in a basically psychoanlytic framework. How do I avoid encouraging dependency while I model the benefits of autonomy? It isn't easy, and I don't always avoid the pitfalls! In one recent case, a woman, age 30 who was married for 10 years and had two children, ostensibly sought counseling for dealing with her husband's gambling problem. After several sessions with the couple together, then with each spouse separately, it was evident to the therapist and the wife that the gambling was the least - if the most intransigent - aspect of the family's problem; its tentacles were more insidiously evident in the wife's cowed and demeaned role; in her rage at a variety of controlling operations of her spouse; in her impotent chafing at her housewife trap. After one more couple session and two more by herself, the wife called to say that her husband would not continue to come; then he called the therapist and threatened to leave his wife if she continued to come alone.

It is a pretty thin line to tread as a couple's therapist under these circumstances, where there is the constant threat of losing out to the enhanced anxiety level of a spouse when a woman makes a move to change. Which pedal do I push, which do I dampen to be most helpful, when I am such an explicit model for both to interact with, yet perceived so differently by each? This particular therapeutic model, a combination of individual and couple thereapy is still being

evolved; helping both partners achieve non-stereotyped role definitions is the ultimate if idealistic objective.

The concept of double bind is very applicable in describing the experience of women in this society who have been trapped and systematically driven crazy because making choices within the confines of what they are told simultaneously to do and not to do denies a part of their real life experience (Kaschak, 1976). Women decide, more often than not, that there is something wrong with them. The psychotherapy of women, by women, more than anything else should include active sharing by the therapist of her experiences as a woman-person in this society. In her modeling role, the therapist demystifies "women" in that characteristics traditionally and untraditionally ascribed to women are validated and valued, and a fully functioning woman is seen as not just a caricature of a man. The therapist and the client become joint forces of change in the client's life, within the therapeutic context.

I have treated one woman client, age 44, at two different crisis periods of her life, about ten years apart. Both crises entailed depression, inhibition of affect and super-dependency on family members. She has struggled with a deep-seated fear of fulfilling herself and with the demands of intimacy. Before she could see me as an accepting peer, one whose life style apparently has many facets she could model, she needed first to work through her guilt and rage from an earlier family drama, full of double messages from her mother about achievement and independence. In discussing the evolution and importance of the mother-daughter bond in the therapeutic process, Friedman (1980) points out that the bond that arises, by comparison, between the client and the therapist can be experienced differently; it does not have to be severed to achieve autonomy, as in the earlier parent-child relationship. Rather, it is

a new kind of connection that can be fostered and can eventually lead to a consolidation of the client's psychological strengths, with emerging independence.

Rachel Hare-Mustin (1978) has said that in feminist therapy the therapist's prior family and clinical experience can render her more aware of, and sensitive to alternatives to stereotyped sex roles. It is necessary to stress equality and authenticity in the relationship between the therapist and the client. In regard to the advantages of a female over a male therapist for a woman, a woman does not so much need a male model who is different from earlier ones, because this often reinforces the value stereotype of a powerful, accepting male; rather she needs a woman who models the different kind of a woman she can become..so that a woman can be freed from "minority group" traits and can supplant them with an image of competency, without thinking she has to play the role of superwoman. Phyllis Chesler (1975) confirms that women in the past have preferred male therapists because they mistrusted women as both authorities and people. Then it behooves me to become just such a trusted authority.

Esther Menaker (1974) says that we cannot define femininity simply by outer behavior, i.e. by carrying out of roles. The roles may change: a woman may be an architect, an administrator - roles previously held by men - but her self image, her inner feelings about herself may or may not be feminine. The woman's strength or lack of it in resisting the imposition of a social stereotype depends on the security of her self definition. In a period of rapid social change, the socially disadvantaged person (woman) will be most vulnerable and the female therapist can have a unique opportunity to affect the woman's feelings about herself.

I cherish Doris Lessing, the British woman novelist, for her idealistic valuing of originality and innovation, even in the face of society's disapproval. She says, perhaps a little ingenuously, in the Preface to The Golden Notebook that what we must tell every child as she grows up is, "You are in the process of being indoctrinated. We have not yet evolved a system of education that is not indoctrination. What you are taught is an amalgam of current prejudice and the choices of this particular culture...youare being taught by people who have been able to accommodate themselves to a regime of thought laid down by predecessors. Those of you who are more robust and individualistic than others will be encouraged to leave and find your own ways of educating your judgement." (Lessing, p. 37)

In my non-sexist practice I hope to encourage women to strike out and dare to be different - but I also must have empathy with those for whom the struggle is too great, as yet.

September 1, 1980

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